



STATE OF CONNECTICUT  
DEPARTMENT OF BANKING  
CONSUMER CREDIT DIVISION  
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



## MAIN OFFICE - APPLICATION FOR CHECK CASHING LICENSE

Application is hereby made for a license under Chapter 668, Part IV of the Connecticut General Statutes

### License Type



**General Facility**



**Limited Facility**

### Identifying Information

**Applicant Name:**

*(sole proprietor use "Last, First, Middle")*

**Main Address:**

**Number & Street:**

**City:**

**State/Province:**

**Country:**

**Postal Code:**

**Business Phone, Fax and Email:**

**Business Phone:**

**Fax Line:**

**Email Address:**

**Days and Hours of Operation:**

**Days of Operation:**

**Business Hours:**

### Other Business Names

## Web Addresses

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## Contact Employee Information

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**Company:**  
**Name:**  
**Title:**  
**Mailing Address:**

**City:**  
**State/Province:**  
**Country:**  
**Postal Code:**  
**Business Phone:**  
**Fax Line:**  
**Email Address:**

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## Consumer Complaint Employee Information

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**Name:**  
**Business Address:**

**City:**  
**State/Province:**  
**Country:**  
**Postal Code:**  
**Business Phone:**  
**Fax Line:**  
**Email Address:**  
**Comments:**

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## Books and Records Information

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**Name:**

**Title:**

**Business Address:**

**City:**

**State/Province:**

**Country:**

**Postal Code:**

**Business Phone:**

**Fax Line:**

**Email Address:**

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## Other Activities

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Will the Applicant engage in any non-check cashing activities? Yes ☐ No ☐

Will the Applicant occupy or share space with any individual and/or entity engaged in financial services-related activity? Yes ☐ No ☐

*NOTE: If "Yes" briefly describe.*

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## Legal Status

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**Form of Organization:**

**State:**

**Date of formation (MM/DD/YYYY):**

**If publicly traded, stock symbol:**

**Employer Identification Number:**

**Social Security Number:**  
(if a Sole Proprietorship)

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## Disclosure Questions

Has (or does) the Applicant, or any partner (if the Applicant is a partnership), any member (if the Applicant is a limited liability company or association), or any officer, director, trustee, principal employee or shareholder owning ten percent or more of outstanding stock of the Applicant (if the Applicant is a corporation):

### **CRIMINAL DISCLOSURE**

- (a) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony? Yes ☐ No ☐
- (b) have pending charges for any felony? Yes ☐ No ☐
- (c) ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (1) any aspect of the check cashing services business, (2) any fraud, (3) false statements or omissions, (4) theft or wrongful taking of property, (5) bribery, (6) perjury, (7) forgery, (8) counterfeiting, or (9) extortion? Yes ☐ No ☐
- (d) have pending charges for any misdemeanor specified in (c)? Yes ☐ No ☐

### **REGULATORY DISCLOSURE**

- (e) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any state or federal regulatory agency? Yes ☐ No ☐
- (f) ever been refused any license by a governmental banking agency or authority or been refused any license (except motor vehicle operator) by any other governmental agency or authority? Yes ☐ No ☐

### **CIVIL DISCLOSURE**

- (g) ever been the subject of proceedings in: bankruptcy, receivership, assignment for the benefit of creditors; consumer-initiated litigation or arbitration filed in connection with a financial services-related business; or any litigation that, according to generally accepted accounting principles, is deemed significant to financial health and would be required to be referenced in an annual audited financial statement, report to shareholders, or similar document? Yes ☐ No ☐

**NOTE:** *If the answer to any of the above questions is "YES", provide complete details of all events or proceedings in an attachment.*

## Affiliates/Subsidiaries

Is the Applicant controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company?

Yes ☐ No ☐

**NOTE:** *If "Yes" provide the name and address of the entity and describe the type of relationship.*

## Control Persons

FULL NAME TITLE	RESIDENTIAL ADDRESS	DATE OF BIRTH	OTHER OCCUPATION
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## Direct Owners

FULL NAME TITLE	RESIDENTIAL ADDRESS	PERCENT OF OWNERSHIP
<hr/>		

[illegible]

<hr/> <i>(Signature)</i>	<hr/> <i>(Name and Title - Print)</i>
STATE OF <hr/>	
COUNTY OF <hr/>	
On this <hr/> day of <hr/> , 20 <hr/> , personally appeared	
<hr/> <i>(Name and Title)</i>	
to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.	
<hr/> <i>(Notary Public)</i> <i>(Commissioner of the Superior Court)</i>	<hr/> <i>(My Commission Expires)</i>

**NOTE:** *This application must be signed by a Control Person listed on the Main Office Application.*

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